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ART. I.—ABUSE OF CATHARTICS IN COLIC.

By S. A. COOK, M. D., OF BUSKIRK'S BRIDGE, N. Y.

Dr. Gooch informs us that he "remembers when a boy reading a story of two knights-errant, who arrived on the opposite side of a pedestal surmounted by a shield; one declared it was gold, the other that it was silver: growing angry they proceeded to blows, and after a long fight, each was thrown on the opposite side of the shield to that where he began the fight; when both immediately detected their error: the knight who had said it was silver finding that on the opposite side it was gold; and the knight who said it was gold finding that on the opposite side it was silver." I cannot, however, subscribe to the sentiment that "this story presents a good illustration of the state of medical opinion in this age—perhaps in all ages," as such an acknowledgement amounts to nothing more or less than a concession that medicine has no facts—is a mass of baseless and contradictory theories. Medical science is a progressive science, and hence arises necessarily something of a variety in medical opinion; yet generally it is only a difference in progress; a circumstance which has its origin, not only in the state of the science in different ages, but in the extent of its cultivation by different individuals in the same age. Hence it is a consistent conclusion, and one founded on the evidence of all experience, that however well the nature and treatment of any variety of disease may now be understood, there exists a probability that future observation may throw still more light upon it;—a consideration presenting an ample field for enquiry to such as pursue the profession with a laudable ambition for its improvement.

I am desirous of calling the attention of medical men to the ordinary, or at least the too frequent, treatment of colic by active purgatives, believing that however favourable such a plan may occasionally operate, it is founded on an erroneous conception of the nature of the disease: and that it not only frequently fails of success, but is often injurious to the patient where a more judicious practice would be entirely successful. To illustrate my meaning, I shall present sketches of the history of several cases that have fallen under my observation, not doubting that the experience of almost every practitioner furnishes similar instances.

CASE I.—Feb. 1834. I was called to a gentleman about 10 A. M., suffering severely with colic. He informed me that he had lately recovered from remittent fever, that his appetite had been somewhat sharp, though he supposed he had not eaten more than he usually did in a state of health, yet he remarked that he had taken his dinner the day before with an excellent

relish; and that while riding during the afternoon he had felt occasional pains in the bowels, which became severe in the evening, when he took a small dose of castor oil, which operated sparingly about 11 P. M., with a slight temporary relief. His physician, who had been with him since about midnight, had bled him, applied fomentations, given active cathartic doses of calomel and jalap, administered a variety of enemas; notwithstanding which the pain had increased in severity, the pulse in frequency, the abdomen had become tender, and no fæcal discharges had been obtained. In this state of the case, I recommended a farther use of the lancet, the warm bath, a combination of castor oil and oil of turpentine to be repeated *pro re nata*, and a continuation of the enemas. The warm bath afforded temporary relief; yet the disease continued, and as the patient was an eminent divine,¹ and among strangers, other physicians were called and stronger measures resorted to: the lancet continued to be plied, croton oil in large doses by the mouth and *per anum* repeated, until, about forty hours from the attack, the bowels were moved freely, but without relief: the patient died fifty-four hours after the commencement of the disease.

CASE II.—G. G., a farmer, aged 36, generally of robust health, (had an attack of colic June, 1837, from which, after several days of severe suffering he recovered through the instrumentality of the lancet, active cathartics and enemas, some of which were sent *per tube* into the colon *à la O'Bierne*) was taken with colic, January 1, 1839. I first saw him on the evening of the 5th. Up to this morning he has directed his own treatment. During this time he has taken thirteen empirical cathartic pills, seven ounces of castor oil, about the same quantity of sulph. magnesæ, and to day, by the direction of a physician who saw him this morning, a large dose of calomel and jalap, endeavouring during the whole time to assist the operation of these various remedies, by enemas. He has had constant tenesmus, voiding small quantities of morbid mucus, during the last two days, and his bloated and tender abdomen presents evidence of extensive abdominal inflammation. The treatment to which I resorted, was as free a use of the lancet as the constitution of the patient and the stage of the disease would permit, united to a liberal employment of calomel and opium; and though this treatment was, within twelve hours, followed by free fæcal discharges and relief of the pain, yet he sank into a state of collapse and died on the morning of the 12th. The *post mortum* appearances were those of extensive inflammation of the large and small intestines with numerous gangrenous spots near their union.

CASE III.—Called to Miss H. F., 16th March, 1840, aged 16 years, from her attending physician obtained the following history, "She was taken a week ago this evening, with acute pain in the region of the ascending colon, near the top of the right ileum. Saw her first about twenty-four hours after the attack and immediately bled, when the pain subsided. I now undertook to evacuate the bowels, which was found very difficult, and was only effected by administering active purgatives and enemas during forty-eight hours, when diarrhœa supervened without pain, but attended with great restlessness, and which continued till last evening, notwithstanding mild astringents, as marsh rosemary, &c., in conjunction with *pulv. Ipec. comp.* were used. Last evening, the diarrhœa suddenly ceased, followed by acute pain in the region of the pyloric orifice of the stomach. The temperature of the skin, which has at no time been much, if any, above the healthy standard, at this time sank considerably below it," and it is to day cold and damp, the patient being in a stage of collapse, in which she continued about five days and died.

The above cases are but cursorily sketched from notes taken at the time, in order to call the attention of the reader to a single point, *viz.* the frequent consequences of a treatment based upon a supposed necessity of

¹ Rev. Cowles Carpenter of the Methodist Episcopal Church.

evacuating the alimentary canal, as a primary indication in colic. Before enquiring how far such a necessity exists, or what plan of treatment promises the most successful issue in this fearful disease, it may not be improper to examine how far that adopted in the cases already related is in conformity with the opinions and directions of our elementary writers. I shall quote indiscriminately. "The bowels have their discharges interrupted by spasmodic constrictions, denominated colic. Without engaging in the enquiry, relative to the varieties of this disease, I shall state that in all such cases, cathartics are indispensable. Being customary, here, to direct the more active articles, it is important to know that in some instances, the most lenient are to be preferred. There is a certain relation between the power of a medicine and the tone of the system, which seems sometimes to be graduated with extreme nicety and precision. What operates at one time, we find inert at another, under apparently similar circumstances, and in the same person. This is owing to a want of harmony in the case."¹

Dr. Mackintosh on this subject says "It is a most essential point to obtain free evacuations from the bowels speedily, particularly by means of injections; certainly the best is composed of tobacco, in the proportion of half a dram infused, for ten or fifteen minutes, in eight or ten ounces of boiling water, to be strained and exhibited when sufficiently cool." * * * "The advantage of opium is very doubtful till the bowels have been properly moved and the evacuations examined."²

Dr. Gregory, in treating of bilious colic, recommends, where full vomiting has not taken place, an emetic of ten or fifteen grains of ipecacuanha, "which may be followed by a pill containing calomel and rhubarb, a dose of castor oil, or the common senna draught. If there be much irritability of the stomach it is better to commence with a saline draught in a state of effervescence, containing a few drops of laudanum. This will enable the practitioner to administer the aperient medicine subsequently with more advantage. When the operation of purgatives on the bowels is manifest by the appearance and odour of the evacuations, a full dose of laudanum may be given with the happiest effects." Dr. Gregory cautions practitioners against the use of opium until the bowels be evacuated, asserting that "experience will show that though it will afford relief in the first instance, its exhibition is in most cases succeeded by increased feverishness, and an aggravation of headache, and uneasiness of the bowels. In the treatment of bilious colic, the object is to free the bowels from the load which oppresses them."³

Dr. Colhoun in a running note to the above, adds—"Active enemata, of turpentine rubbed up with the yolk of an egg, of salt and water, the tobacco suppository made by rolling up some wet tobacco leaves, and sewing them together in a proper form, will be useful in assisting the operation of purgatives according to the judgment of the practitioner."

Dr. Eberle advises, that "when the pain is confined to the bowels, occupying the colon, an active purgative in union with aromatics, or with some of the more volatile anti-spasmodics, ought to be given; and purgative enemata administered at short intervals, until the bowels are freely moved. Castor oil, with spirits of turpentine is an excellent purgative in colic from the irritation of acrid substances, or imperfectly digested articles of food lodged in the bowels. I have often employed this mixture with prompt and complete success. *In some instances, however, the sufferings of the patient are so extremely great, that we cannot wait for the operation of a cathartic to procure relief. In such cases, almost the only remedy, on which any reliance can be placed, is opium given in large doses. From two to three grains should be given at once, or what is better an equivalent dose of laudanum; this will always procure relief in forty or fifty minutes;*

¹ Chapman's Elem. of Therap. 5 edit. vol. i. p. 203.

² Mackintosh's Principles of Pathology and Practice, p. 179.

³ Gregory's Elements of Theory and Practice, 2d. Amer. edit. vol. ii, p. 324.

and in many instances of this severe character, nothing but this remedy in enormous doses will allay the extreme agony of the patient. *The opium, when given in large doses in this affection, does not materially impede the subsequent operation of cathartics,* and the administration of a purgative should never be neglected, as soon as the violence of the disease is moderated."¹

The early evacuation of the intestinal canal is made the primary indication in the treatment of colic by a great majority of our most eminent writers, though something of a variety of sentiment exists with regard to the best means of effecting this object. While some recommend mild aperients in repeated doses, either with or without carminatives, anti-spasmodics, or sedatives; or, where the patient is seen early, while the stomach contains a portion of the offending matter, either in the form of ingesta, or of depraved secretions, that these be preceded by mild emetics; others direct us to proceed at once, and especially in the more violent cases, to the use of the most powerful irritating and depressing of the class of purgatives, either by the mouth or *per anum*. Two drops of croton oil,² oil of turpentine combined with castor oil,³ tobacco injections,⁴ and suppositories,⁵ &c., means, which if early used, may frequently prove successful, but which, as every practical man must have repeatedly witnessed, are not only often unavailing, but absolutely injurious. Nor is the general feeling among practitioners less favourable to the use of purgatives in this disease, under its various forms of severity: almost all following in the way thus laid out for them, without taking the trouble to observe or think for themselves, consider evacuation of the alimentary canal as the object, and end of all medical treatment.

PATHOLOGY.

A judicious prescription in any disease can only originate in a sound pathology; and as the physician who is called upon to prescribe for colic is required to act promptly, when the extreme agony of the patient, the anxiety of friends, and his own sympathies all tend to confuse his mind, he should have clear and accurate perceptions of the nature of the case before him. The exciting and predisposing causes, the present pathology and the changes to which it tends, the constitution and habits of the patient are all subjects of careful consideration; and a successful termination frequently depends upon the tact with which the predominant symptom (pain) is subdued by such remedies as diminish the existing disposition to progressive change. Few diseases possess more completely what may be termed a transition pathology; and, at whatever period of its progress the case may have come under consideration, we are to look forward to the effects of the present morbid action, as the cause of additional and different phenomena at some future time: and hence the subsidence of a prominent symptom, unless that symptom have been subdued early, is frequently no evidence of improvement, but on the contrary the harbinger of more intense morbid action. To this circumstance may be attributed the often observed circumstance (and one which frequently deceives the friends, and may the physician, if he be not on his guard,) of a sudden cessation of pain, perhaps a free evacuation of the bowels, after they have for many hours resisted the most powerful purgatives; and that too while the disease is still rapidly advancing to a fatal termination.

Without purposing to notice the varieties of colic, which different medi-

¹ Eberle's Practice, 2d edit. vol. ii, p. 323.

² Dewees's Practice, p. 798-9.

³ Eberle, *op. cit.*

⁴ Mackintosh *op. cit.* and Abercrombie.

⁵ Colhoun's Notes on Gregory, *op. cit.*

cal writers¹ have made more or less numerous, and some of which have undoubtedly a real existence in fact, while others probably find only a habitation in the imagination of nosologists, I shall proceed to a brief examination of its pathology.

"There appear to be three morbid conditions of the intestinal canal, which more or less exist in the simplest, as well as in the most severe and complicated forms of colic, and which evidently depend upon depressed vital power of the digestive canal.

"1. Morbidly increased sensibility and irritability of some part, or the whole of the bowels.

"2. Irregular distention and spasmodic constriction of their canal.

"3. More or less copious generation of flatus in their track, occasioning great distention and irregular reaction—the second morbid condition ad-duced."²

1. Of the existence of the first condition, "a morbidly increased sensibility and irritability of some part, or the whole of the bowels," there may or may not be sensible evidences, previous to the developement of the prominent phenomena of the disease, or second morbid condition. There may have been during several days slight headach, a bitter taste in the mouth, eructation of sour or acrid matter from the stomach, trifling pains during digestion; or the individual may be suddenly seized, without any of these premonitory symptoms, with severe colic pains, after eating a hearty meal, and these sensible phenomena might be considered as the first link in the chain of morbid actions, had not his previous history frequently exhibited him indulging in like trespasses with impunity—a fact most reasonably accounted for, by considering the alimentary canal, or some portion of it, as previously suffering from a morbidly increased sensibility, though unrecognised by the mind.

2. The second morbid condition, or "an irregular distention and spasmodic contraction of the alimentary canal," or of some portion of it, constitutes the prominent character of colic, and it is only where this condition is exhibited that the disease can be said to be completely developed. Pain, usually violent in the extreme, sometimes permanent, while at others paroxysmal, a sensation of twisting or irregular contraction about the umbilicus, and more or less obstinate constipation are the most constant features of this stage.

The infrequency of a fatal termination, before inflammation produces structural changes, makes it extremely difficult to determine upon what morbid condition the pain of colic depends. The sensation of twisting and constriction are so evident to the patient, that it is difficult to dismiss the idea of spasm from the mind, while the feeling of fulness, not only recognisable by the patient, but also by the hand of the attendant pressed upon the abdomen, shows that distention of the canal by a secretion or evolution of gas constitutes an important item in the pathology of the disease.

3. Indeed so prominent is this third condition—the copious generation of flatus in the track of the alimentary canal, that a late eminent writer³ has advanced the opinion that the condition of the parts in a fatal case of "ileus (or colic) consists in a state of simple distention, without any visible change in the structure of the part," and that the doctrine of spasm, as applied to this subject, must be admitted to be entirely gratuitous. He also contends, that the contraction, or collapsed state of certain portions of

¹ Sauvages presents twenty-two varieties. Cullen seven. Good six. M. Pariset twelve. M. Chomel about the same. Schettman six species, which are divided into several varieties; while Abercrombie includes under the common term ileus, all varieties, considering their difference to depend upon the degree or extent of morbid action.

² Copland's Dic. Prac. Med.

³ John Abercrombie, M. D., Path. and Prac. Res. on Dis. of Stomach, &c.

the canal assuming a cord like appearance, so frequently observed, "appears to be the natural state of healthy intestine when it is empty," that these parts are almost invariably found in a healthy condition at all periods of the disease; the morbid appearances, whether inflammation, lividity, exudation, or gangrene, being almost entirely confined to the distended parts; and Dr. Abercrombie thus sums up his new doctrine of ileus or colic to consist of one of two states, or that the disease arises from one of two classes of proximate causes, viz. 1. "Primary diminution or destruction of the muscular power of a portion of the canal; and 2dly, Impediments to its action, the consequence of which is, that a part, which is at first healthy, becomes impaired under the effects of this interruption." The primary diminution or loss of muscular power of portions of the intestinal tube under certain circumstances cannot I think be questioned. Such a state may arise from inflammation, either originating in the muscular coat or extending to it during the progress of morbid action; the latter circumstance accounting for the frequent attacks of colic in patients suffering from chronic inflammation of portions of the mucous surface of the canal. The diminution or loss of muscular power may arise from the effects of lead producing more or less perfect paralysis of the muscular fibre, as we observe from the same cause in the voluntary muscles. The effects of obstruction we have all witnessed in hernia, or from an accumulation of hardened feces, yet the practitioner will at once conclude that his frequently occurring cases of colic cannot all arise from so limited a catalogue of causes, and as the sensations arising from spasm, where its existence can be observed as in the voluntary muscles, are intense pain, with a peculiar feeling of constriction, he will be likely to infer the existence of the same state where similar sensations arise, though not immediately demonstrable to the sense of sight. Nor can it be expected, that the existence of spasm can be demonstrated after death. Spasm consists in muscular contraction of a morbid character to be sure; yet as contraction is one of the properties peculiar to the living muscular fibre, and cannot exist when life has ceased, we should not expect to find it on dissection, any more than we should expect to find pain, or motion, or any other property peculiar to and dependant on life. Nor does Dr. Abercrombie's thirty-sixth case, though presented as an incontrovertible proof of the truth of his peculiar views, afford any evidence against the existence of spasm. The patient, an aged female, "had, twenty-seven years before her death, suffered from strangulated hernia, which terminated in an artificial anus in the right groin. This continued open for a very considerable time, and then gradually closed," and since about ten years after the closure she has been liable to attacks of colic, one of which, March 16th, 1827, proved fatal. Eighteen hours before death, as a dernier resort, an opening through the cicatrix of the former artificial anus was made into the intestinal canal, sufficiently free to readily admit the finger entirely into the gut, without any discharge of gaseous or fecal matter, or any relief of the existing symptoms. The feculent matter flowed freely during dissection. Now it appears to me, that if the retention of the contents of the intestine in this case depended on a loss of muscular power, that power could not be restored by death; but if, on the contrary, retained by spasmodic contraction, the obstruction would be removed by death, and would not be discoverable on dissection.

The existence of spasm may also be inferred from analogy. Where other mucous membranes are connected with muscular fibre, either directly as in the case under consideration, or by correlation of functions any, irritation of their surface produces spasm. The just emptied uterus contracts with violence upon the introduced hand—the *orbicularis oculi* upon the grain of sand falling upon the conjunctiva. The muscles surrounding the urethra grasp with spasmodic energy the catheter, and is it "entirely assumed and gratuitous," to suppose that the same consequences follow like irritations of the mucous lining of the alimentary canal.

The essential pathology of simple colic, then, would appear to consist, as has been before stated, in a morbid sensibility of the whole or some portion of the intestinal tube, spasmodic, or other obstruction to the passage of the contents of the bowels, and distention arising from a secretion, or an evolution of gas, often so far extending the muscular fibre as to weaken or even destroy all muscular power in the distended portions of the canal.

To these phenomena giving rise to intense suffering, other states rapidly succeed, viz. inflammation and its consequences, often terminating fatally in various stages of its progress,—presenting on dissection every variety, “from a recent tinge of redness to extensive gangrene.”

S. A. COOK.

Buskirk's Bridge, N. Y., January 22, 1842.

For the Medical Intelligencer.

ART. II. SIX CASES OF DIARRHŒA TREATED WITH MONESIA.

BY Q. GIBBON, SALEM, N. J.

CASE 1st.—Mrs. K.—Married. Had laboured under chronic diarrhœa accompanied with ulceration of the intestines for two years. Three or four months ago she was put upon small doses of acet. of morphia, which after several weeks continuance arrested the disease, and the patient remained for two months apparently perfectly well. At the expiration of this time the disease suddenly returned, and soon regained all its former activity. The extract of monesiæ was now commenced in doses of 5 grs. three times a day, and afterwards increased to 7 grs. four times per day, and continued for ten days, but without any other benefit than a slight decrease of the discharge for the first two days. The medicine was then discontinued, and the morphia substituted with its former success.

CASE 2d.—A child of W. H., affected with diarrhœa of 18 months standing, had used anodynes, alteratives and astringents freely, but without permanent benefit. The ext. monesiæ given in doses of two grs., three times per day, assisted by the warm bath and frictions with flannel, checked the discharges in two days, and removed all traces of the disease in two weeks.

CASE 3d.—J. M., aged 70—health delicate, had a diarrhœa, with short intermissions, for six months—had been treated with creta cum hydrarg. with but temporary relief. Took six grs. of monesia four times per day, from the 2d to the 10th of November, assisted by a few grs. of pulv. doveri., occasionally, at bed time. The discharge ceased in two days, and upon the tenth he expressed himself perfectly well.

CASE 4th.—Mrs. J. Diarrhœa of four or five days continuance—slight fever, tormina, stools bloody and slimy. Had resorted to no previous treatment. Took 8 grs. of ext. mones. three times the first day, which checked the discharge, and allayed all unpleasant symptoms.

CASE 5th.—A child of four years of age, affected with a bowel complaint which had commenced in the summer, and continued unchecked until November, though treated with a variety of astringents, and subjected to counter-irritation upon the abdomen. The monesia was given in doses of 2 grs. five times daily for six days, with the effect of gradually diminishing the discharges, changing their colour and consistence, and creating a vigorous appetite, which the child had not previously enjoyed. Having no more of the remedy, I was compelled to relinquish it. Dover's powder and flannel frictions were substituted, and I had the satisfaction of seeing my patient perfectly relieved in another week.

CASE 6. In this case the remedy entirely failed as in the first case. It was one of diarrhœa supervening upon phthisis pulmonalis, and had been previously treated by creta cum opio., acet. of lead., acet. of morphia, and several of the vegetable astringents, without benefit. The monesia was pre-

scribed at first to the amount of 15 grs. and afterwards increased to 40 grs. per day, and persevered in for three weeks—when, as no abatement of the symptoms was perceived, the remedy was discontinued at the request of the patient.

REMARKS.—That the above cases may be entitled to their just weight in the evidence now accumulating both for and against this new remedy, it may be well to state, that the few last doses taken by Mrs. K. in the first case, occasioned slight nausea accompanied by a slight burning in the stomach. With this exception, I have not witnessed any of the irritating effects detailed by St. Ange. My doses, however, were not so large as he prescribed. The above cases lead me to infer that monesia is more astringent than tonic in its operation.

Salem, Jan. 6th, 1842.

BIBLIOGRAPHICAL NOTICES.

*Dr. E. J. Coxe on Medical Inhalation.*¹

Dr. Coxe's copious title page indicates the objects of this small volume. Dr. Coxe himself has had considerable experience in the use of inhalation in various diseases, and it is needless to say—as he has been led to publish on the subject—that he is favourably impressed with the remedy. He has cited freely from various authorities, many of whom are more worthy of being recorded in the title page than some that are placed there. The directions for the facile employment of the agent are clearly given, so that no difficulty can exist in having recourse to it.

*Dunglison's Practice of Medicine.*²

We can say no more than that this work has just been issued. It comprises *nine books*, respectively treating of, 1. Diseases of the alimentary canal. 2. Diseases of the respiratory organs. 3. Diseases of the circulatory apparatus. 4. Diseases of the glandiform ganglions. 5. Diseases of the glandular organs. 6. Diseases of the nervous system. 7. Diseases of the organs of the senses. 8. Diseases of the organs of reproduction. 9. Diseases involving various organs—as fever and cachexia.

*Harris on the Teeth and Gums.*³

This work is very creditable to Dr. Harris. It is on subjects that ought

¹ A Practical Treatise on Medical Inhalation, with numerous cases demonstrating the curative powers of the local application of various remedies in Bronchitis, Consumption, and other diseases of the respiratory organs, embracing the opinions and experience of Rush, Sir Charles Scudamore, Eberle, Mudge, Crichton, Thomas, Corrigan, Ramadge and others. By Edward Jenner Coxe, M. D. (with a motto) 24 mo. pp. 108. Philad. 1841

² The Practice of Medicine, or a Treatise in Special Pathology and Therapeutics. By Robley Dunglison, M. D., Professor of the Institutes of Medicine, &c., in Jefferson Medical College, in two volumes, 8 vo. pp. 572, 750. Philada. 1842.

³ A Physiological and Pathological Inquiry concerning the Physical Characteristics of the Human Teeth and Gums, the Salivary Calculus, the Lips and Tongue, and the Fluids of the Mouth, together with their respective local and constitutional indications, &c. By Chapin A. Harris, M. D., D. D. S., Professor of practical dentistry in the Baltimore College of Dental Surgery, &c., 8 vo. pp. 119, Baltimore, 1841.

to receive more attention than they do from the Physician and Surgeon. After some appropriate general considerations, the author describes the physical characteristics of the teeth and gums, of salivary calculus, of the fluids of the mouth, of the lips, and of the tongue.

*Ruschenberger's Second Book of Natural History.*¹

This is another of those useful volumes, which Dr. Ruschenberger is employing himself so beneficially in editing. His former volume has already been received into some of our public schools, and we trust both it and the present may find their way into all.

*Ramsbotham's Midwifery.*²

This is an excellent work, far superior to that of Maygrier, which is, indeed, in no respect comparable to it, except in being also furnished with numerous plates. Many of those before us are, however, much superior in design, and all in execution; and the same may be said of the accompanying text. Dr. Ramsbotham has had great experience, and is well informed on all that has been written on the branch to which his attention has been mainly directed; so that we can strongly recommend the work not only to physicians but to students as an admirable guide to them. It is exceedingly well got up, and is highly creditable to its enterprising publishers.

*Liston's Surgery, by Norris.*³

The first American edition of this valuable work was published in this "Library," and another edition was published by Messrs. Thomas, Cowperthwaite & Co.; so that, in reality, the edition before us is the third American. The success which it has experienced is sufficient evidence of its merit; and the value of the present edition has been greatly enhanced both by the additions of Mr. Liston, and of the excellent American editor.

*Dunglison's Dictionary—New Edition.*⁴

We extract the following remarks from the author's preface to this *third edition*.

"The second edition of this work was exhausted so soon after its appear-

¹ Mammalogy, Natural History of Mammiferous Animals. Second Book of Natural History, prepared for the use of Schools and Colleges. By W. S. W. Ruschenberger, M. D., &c. from the text of Milne Edwards and Achille Comte, Professors of Natural History in the College of Henry IV. and Charlemagne, with plates: 12 mo. pp. 151. Philada. 1842.

² The Principles and Practice of Obstetric Medicine and Surgery, in reference to the process of parturition; illustrated by one hundred and forty-two figures. By James A. Ramsbotham, M. D., &c. &c. First American edition revised. Royal, 8 vo. pp. 458.

³ Practical Surgery; with one hundred and fifty engravings on wood. By Robert Liston, Surgeon. 2d American from the third London edition, with additional notes and illustrations. By George W. Norris, Surgeon to the Pennsylvania Hospital, 8 vo. pp. 588. Philada. 1842.

⁴ Medical Lexicon. A New Dictionary of the Medical Science, containing a concise account of the various subjects and terms, with the French and other Synonymes, and formulæ for various officinal and empirical preparations, &c. Third edition greatly

ance, that not many new terms were introduced, in the interval, into medical nomenclature. These have been added, with several that had escaped the author in the former editions. He has likewise incorporated in the body of the work the synonymes, which formed an index of not fewer than *twenty thousand* words in the last edition.

"The circumstance of the work not being stereotyped enables the author to be constantly enlarging and improving it; and he has no doubt, that the present edition will be found to possess stronger claims on the attention of the practitioner and student than its predecessors."

MISCELLANEOUS NOTICES.

Jefferson Medical College.—The Catalogue of this Institution sufficiently exhibits its eminently flourishing condition. Last year it numbered 163 names. This year it has 209! The course has been most satisfactory and effective, and the students will disperse to their homes full of enthusiasm for their Alma Mater.

Of the 209 Students, there were from

Maine,	-	-	-	1	Ohio,	-	-	-	9
Massachusetts,	-	-	-	2	Michigan,	-	-	-	1
New Hampshire,	-	-	-	2	Tennessee,	-	-	-	3
Connecticut,	-	-	-	3	Kentucky,	-	-	-	3
New York,	-	-	-	8	Mississippi,	-	-	-	4
New Jersey,	-	-	-	9	Illinois,	-	-	-	1
Pennsylvania,	-	-	-	98	Indiana,	-	-	-	1
Delaware,	-	-	-	4	Iowa Territory,	-	-	-	1
Maryland,	-	-	-	4	West Indies,	-	-	-	2
District of Columbia,	-	-	-	1	Upper Canada,	-	-	-	1
Virginia,	-	-	-	38	Nova Scotia,	-	-	-	1
North Carolina,	-	-	-	3	Ireland,	-	-	-	1
South Carolina,	-	-	-	2	England,	-	-	-	1
Georgia,	-	-	-	3					
Florida,	-	-	-	1	Total,	-	-	-	209
Alabama,	-	-	-	1					

A large number of Graduates in Medicine, from the various Colleges in this country and Europe, attended, some of whose names are included in the present catalogue.

At the Philadelphia Hospital, and occasionally at the College, Dr. Pancoast, the Professor of Anatomy, performed before the class many surgical operations of great moment; and every Wednesday, a Clinique was held by Dr. Mütter, the Professor of Surgery, at which, also, numerous important operations were performed.

Medical Department at Yale College.—The Catalogue contains the names of 47 medical students, and at a recent commencement, the degree of Doctor of Medicine was conferred on 19 individuals.

modified and enlarged. By Robley Dunglison, M. D., Professor of the Institutes of Medicine, &c., in Jefferson Medical College, Philadelphia, Lecturer on Clinical Medicine, and attending physician at the Philadelphia Hospital; Secretary of the American Philosophical Society.

Ohio Lunatic Asylum.—From the third annual report of this useful institution, it appears, that the average number in it for the present year is 143; the percentage of recoveries in all cases discharged was 54.32; the percentage of recoveries in the old cases discharged, including 18 discharged by the directors for want of room, was 23.80; and the percentage of recoveries, in the recent cases discharged, was 87.17.

The Institution appears to be well conducted, and to have a competent medical superintendent.

Geneva Medical College.—The establishment of another Medical College in the City of New York has not had the effect of injuring the country institution of Geneva. On the contrary, the Catalogue exhibits a large increase of students. The summary of the present session gives 156 students, 48 physicians "attending part course," and 7 classical students, who attend the course of anatomy:—total, 211.

*Kiestein as an Evidence of Pregnancy.*¹ By H. LETHEBY, A. L. S.—In No. 11 of the Guy's Hospital Reports there is a valuable paper upon this subject, by Dr. Bird, in which he enumerates many cases to prove the existence of this principle in the urine of pregnant women. Since the publication of that report I have had many opportunities of investigating the subject; and, as the result will show, it forms an important addition to the already known symptoms of pregnancy. The object of this paper, however, is not only in furtherance of its value as such a test, but to point out certain precautions to be observed in the experiments, in order to prevent fallacy.

The urine should be procured at a time when the woman is as free from disease as possible; and I believe that passed early in the morning, after rest, gives the least variable indications. This should be exposed, in a tall narrow glass, to a continuous temperature of about 70° of F.; if a much lower temperature than this is used, say about 40°. I have known the urine stand for more than a fortnight without undergoing any change, although it be replete with kiestein or its principles, at a temperature of 70°. However, if the woman be pregnant, we shall observe, in two or three days, the first indication of its presence by the urine becoming turbid. In a day or two more a thin pellicle forms on its surface, and this gradually acquires consistence up to a fortnight from the onset of the experiment. But long before this time you will have noticed its characteristic odour; certainly not like cheese, to which Dr. Bird compares it, but precisely analogous to the smell of raw beef beginning to putrefy: it is emphatically a *putrid smell*. I have kept the urine more than a month after this, but it never loses either its pellicle or peculiar odour.

Besides the error likely to arise from the adoption of too low a temperature, where the kiestien would not be separated, I would warn the earlier experimenter not to fall into the opposite error of confounding the pellicle which forms upon all urine on standing, especially that which contains the lithates in excess; the more so as the general as well as microscopic appearance of this pellicle is often precisely like that of kiestein. The appearance I am now alluding to, however, is never accompanied with the putrid animal odour; but, on the contrary, gives out a copious smell of ammonia, and when disturbed falls immediately to the bottom of the liquid. These are the two especial distinctions.

On the value of this test I shall be very brief:—Of the 30 cases examined by Dr. Bird, 27 gave the required indications of the presence of kiestein; the other 3 were at the same time suffering under febrile excitement. Dr. Bird

¹ London Med. Gazette, Dec. 24, 1841, p. 505.

could not detect it in the urine of unimpregnated women, or after parturition, and during suckling.

In the American Medical Library, as quoted by the British and Foreign Medical Review for October last, is a report of the experiments of Drs. M'Pherters and Perry, the resident physicians at Philadelphia Hospital. These gentlemen found it in the urine of 24 out of 27 pregnant women. Of the three negative cases, two were not in health when experimented on; further, they could not detect it in the urine of 27 unimpregnated women.

In my own experiments, which have been made at all dates between the second and ninth month of utero-gestation, there was unquestionable evidence of kiestein in 48 out of 50 cases. I am unable to account for its absence in the two exceptions, for I took care at all times to have the urine from women as free from disorder as possible.

In 17 non-pregnant women there was no indication of its presence. In examining the urine of 10 women during the time of suckling, I found it in all immediately after delivery, but that the evidence of its existence fell off at a period between the second and sixth months.

A question now naturally arises as to the cause of the presence of this principle, and what is its composition? It appears easily accounted for on the known sympathy that exists between the uterus and the breasts; the latter of which, taking cognizance of the gravid condition of the uterus, prepares itself betimes for the proper performance of that function which by and by is to become its necessary duty. Certain principles analogous to those of milk being imperfectly secreted, may, in this nascent condition, become reabsorbed; because, as Dr. Bird suggests, they do not find a ready outlet, and getting into the blood are excreted thence by the kidneys; and this habit of reabsorption may go on for some little time after the birth of the child.

The composition of kiestein is not so easily made out: examined by the microscope it consists at first of a multitude of globules, varying in size from the one thirty-two thousandth to the one eight thousandth of an inch; after a time these break up, or coalesce and form flakes, and then crystals of triple phosphate generally become pretty abundant in it. This shows that the greasy appearance of the pellicle is not due, as Dr. Bird supposes, to the triple phosphate, for this is after formation; nor are these globules composed of fat, for they are perfectly insoluble in ether. I have not been able to detect them in the urine until it becomes turbid, so that they appear to be formed in the urine after expulsion. They are soluble in alkalies and in boiling acetic acid, and give all the reactions characteristic of coagulated albumen or fibrin: to these, then, they are most analogous; but nothing but an ultimate analysis can determine their identity or not. The globules do not differ in appearance from those contained in milk, but their complete insolubility in ether shows that they do differ.

9 Windsor Terrace, City Road, Dec. 6, 1841.

M. Dubois on the Auscultatory Signs of Pregnancy.—The uterine *souffle* is usually perceptible about the fourteenth or fifteenth week of pregnancy: the period at which it may be first heard, being, no doubt dependent upon the amount of development of the uterus and its elevation above the os pubis. The point at which it is most frequently audible is towards the middle of the height of the uterus on its anterior or lateral (generally the left side) part. In this respect *M. Dubois* differs from *M. Naegle*, who states that the common situation of the uterine blowing sound is in one of the inguinal regions, extending thence upwards. In most cases, the space over which it may be heard is limited to a circle of two or three inches in circumference. A curious circumstance connected with this sound is the occasional changeableness of its situation; on one day it is inaudible at a spot where it had been distinctly heard the day before, and *vice versa*.

Obstetrical auscultators should be aware of this fact; else they will be apt to be perplexed in some cases. We may mention likewise that the uterine *souffle* varies much at different times in its loudness and distinctness, being one day scarcely audible, and on the next, perhaps, very distinct.

That the development of this sound is somehow dependent upon the circulation of the blood through the uterus, appears from the fact that it is always much enfeebled, or even altogether suspended, by the contractions of the organ during parturition—a fact which abundantly proves that the sound cannot proceed from the pressure of the gravid uterus on the iliac arteries, as some writers have alledged. The striking resemblance of the uterine *bruit* to that perceived in erectile tumors, and in aneurismal varices, confirms the above opinion. M. Dubois objects to the appellation of placental or utero-placental being applied to this blowing sound, for the reason that, although its locality most frequently corresponds with the attachment of the placenta, it continues to be audible for some time after the expulsion of this body, and in other cases after the death of the fœtus.

The other sound, that of the fœtal heart, is a still more decisive sign of pregnancy: the number of the pulsations varies, according to the experience of M. Dubois, from 135 to 150.¹ This tictac sound is usually most distinctly perceived on the anterior part of the abdomen somewhat to the left side: it is rarely audible before the completion of four, or four and a half, months of pregnancy.—*Medico-Chir. Review*, Jan. 1842. p. 197.

Phthisis Pulmonalis, with a Fistulous Opening in the Parietes of the Chest.—The following case, exhibiting a very rare complication of phthisis, deserves the notice of the pathologist.

A man, 38 years of age, and who for a length of time had been extremely subject to attacks of catarrh, was seized in May, 1839, with pneumonia; this yielded to active treatment, but there remained behind a dry cough, and a feverish state, accompanied with frequent chills. In the beginning of July, a phlegmonous swelling made its appearance immediately below the right mamma; it gradually increased in size, and, as a fluctuation became distinctly perceptible, an opening was made into it and gave issue to an enormous quantity of a purulo-sanguineous fluid of a suffocating odour. This discharge continued night and morning usually to the amount of three or four ounces; the opening was situated between the fourth and fifth ribs.

For three weeks there was no reason to believe that a communication existed between the outward orifice and any of the bronchial tubes; but, on the 20th of August, it was observed for the first time that air escaped with a bubbling noise during the act of expiration, and when the patient coughed or spoke. It was easy to trace, by listening to the direction of the cavernous *souffle* which was very distinct, the course of the fistula inwardly. The pectoriloquy also was so loud that it seemed as if the patient spoke directly into the ear of the auscultator. Two months subsequently, a second opening between the fifth and sixth ribs was formed, and gave issue to a purulent discharge mixed with air. In the first week of December, the patient expectorated for the first time a small quantity of purulent sputa. There commenced also at this time occasional attacks of orthopnea; but the breathing during the intervals was not much distressed: the emaciation was extreme.

¹ It is a curious circumstance, that the late Dr. Hamilton, so long the distinguished professor of midwifery in the University of Edinburgh, most stoutly maintained that the pulse of the child in utero, and also after birth until breathing commenced, seldom exceeded 60 or 70 pulsations in the minute. In our notice of his last work, in the number of the *Medico-Chirurgical Review* for July 1836, we questioned the accuracy of the doctor's assertions, and incurred in consequence his wrathful criticism. Our readers may find it worth their while to revert to his pamphlet, and our rejoinder, in the number of this review for January 1837.—*Rev.*

A remarkable feature of the case was an exceedingly constipated state of the bowels, with an almost voracious appetite. On the 9th of January, the fifth rib was nearly exposed for about two inches in extent, being covered only by a few pale granulations; the quantity of the discharge by the wound continued as before; but the expectoration had quite ceased. The denuded portion of the rib became necrosed, and was gradually detached in small pieces. The patient died exhausted on the first of April.

(We suppose that a dissection was not permitted, as there is no mention in the report of the appearances after death.)

REMARKS.—It is doubtful whether the formation of the abscess in the parietes of the chest was the effect of the pulmonic lesion extending itself towards the surface, or whether it was not rather a simultaneous disease developed accidentally over the situation of the cavern in the lungs. The circumstance of no air being observed to escape for three weeks after the opening of the abscess may lead us to adopt the latter opinion.—*Archives de Medecine Belge*.

We observe that M. *Raciborski* recently exhibited to the Royal Academy a case in which a tuberculous excavation of the lungs communicated with a subcutaneous *foyer*. The disease, says that gentleman, seems to be confined to a point of the left lung over the fourth or fifth rib; the respiratory sound being normal over the whole of the front of the chest. Over the spine of the clavicle and near the root of the bronchi, a loud gurgling noise is heard, especially during the fits of coughing. The pulmonic abscess communicates with the subcutaneous cellular tissue at this part, and the skin there is observed to be distinctly lifted up during each fit of coughing. By applying the hand over the part not only may this rising of the skin be perceived, but a sensation of the displacement of a fluid may also be felt. Compression causes the swelling to disappear, and occasions a peculiar sound arising from the retrocession of the air and fluid.—*Johnson's Medico-Chirurgical Review*, Jan. 1839, p. 218.

Memoir of a Gentleman born blind and successfully operated on in the 18th year of his age. BY DR. FRANZ. '—At the birth of this young gentleman (the son of a physician) the eyes were found to present a twofold defect of organisation. Both eyes were turned inwards to a great extent—and cataract existed in both. Towards the end of the second year, keratonyxis was performed on the *right* eye, which was followed by iritis, and wasting of the eye-ball. Within the next four years, two similar operations were performed on the *left* eye, without any success, but with no destruction of the eye. The colour of the opacity, at length, became of a clearer white, and some faint perception of a strong light was experienced by the boy.

Into the long and minute description of the state of this gentleman's eyes in his 18th year (1840) we cannot go. It appeared that the *right* eye was completely amaurotic, and the *left*, which had become atrophied, was the only one considered fit for an operation. The following were the steps taken.

"On the 10th of July 1840, in the presence of Dr. Swaine, and with the kind assistance of Messrs. F. Fowke and F. Steinhæuser, I made an incision in the cornea upwards, and introducing a pair of fine curved forceps, armed with teeth, into the posterior chamber, I seized the anterior wall of the capsule by passing one of the blades of the forceps into its small aperture, and attempted by pulling it slowly to separate it from its adhesion with the uvea and its peripheral connection, in which I succeeded without producing a prolapsus of the vitreous body, or tearing the capsule, which I now removed. After this proceeding, a large piece of the lens of an opaque colour, probably the nucleus, presented itself in the pupil, which was easily removed from

the eye by means of Daviel's spoon; the pupillary aperture then appeared perfectly clear and black. The patient was now turned with his back to the light, for the purpose of trying a few experiments as to his sight, but from these I was obliged to desist on account of the pain which the light produced in the organ. Both eyes were then closed with narrow strips of court-plaster, and the patient carried to bed. Venesection, local bleeding, fomentations with iced water, continued without intermission for about forty-eight hours, together with the scrupulous observance of the most severe regimen, barely succeeded in keeping down the inflammation, the effects of which in this case, where but one eye offered hope, were much to be dreaded, if it should surpass that degree which was necessary for the healing of the wound in the cornea. This process went on and terminated so favourably, that the cicatrix, situated close to the sclerotica, is now scarcely visible. The patient suffered from *muscæ volitantes* and from a considerable intolerance of light, pain being produced by even a mild degree of light falling on the closed lids. The *muscæ volitantes* were greatly mitigated, and the intolerance of light ceased, after the lapse of a few weeks, by the use of proper pharmaceutical remedies, by local bleeding, change of air, &c., and the employment of the ophthalmic fountain of Professor Jungken, which I have fully described in the *Medical Gazette*, vol. xxvii. p. 444. To promote the development of the power of vision, the use of the fountain was continued twice daily, with Pyrmont-water and latterly with simple spring-water, for the space of three months, when it was discontinued, as it began to irritate the eye."

On opening the eye on the third day, he perceived a blaze of light, and all objects confused and in motion. He could not distinguish any object. The pain forced him quickly to close the eye. Gradual exposure of the eye to light habituated the organ to its stimulus; and when vision became tolerably distinct, all objects appeared so near to him that he was afraid of coming in contact with them, so that he was constantly correcting the sense of sight by that of touch.

On the 21st September, 1840, Dr. F. operated on both eyes for the congenital strabismus. This operation was so successful, that the gentleman's personal appearance was much improved. In November he was able to read the names over the shop-windows, and to tell the time, to a minute, by St. Paul's clock. The tide of human existence, however, in the streets, so confused and confounded him, that at last he could see nothing. By the spring of 1841, the sight was much improved—and improving. The case, altogether, is very creditable to Dr. Franz, as well as interesting to the profession and the public. The paper is published in the *Philosophical Transactions* for 1841, Part I.

Division of the Muscles of the Eye in certain Cases of Blindness.—When the central portion of the cornea has become so opaque as to prevent the transmission of the rays of light through the pupil, remaining sound, we may displace the axis of the eye, by dividing one or more of its muscles, so as to induce a certain degree of squinting, and thus bring a transparent part of the cornea in the direct line of vision. Such an operation is much more simple, and greatly less hazardous, than any of the modes which have been proposed to form an artificial pupil.

M. Florent Cunier, a well known ophthalmic surgeon in Belgium, claims the merit of having first performed it.

A man, 25 years of age, presented himself on the 21st of June, at his ophthalmic institution, with a strabismus of the left eye, which had existed from infancy. When two years old, he had suffered from a purulent ophthalmia, which had caused the destruction of this eye, and had left on the cornea of the other a dense opacity, which covered nearly the outer two thirds of its surface; the inner third, which remained transparent, was

almost quite concealed in the angle of the orbit, and was visible at those times only when the squint was made to cease. When this was done he could see near objects, by carrying them towards the nose, and then turning the eye as forcibly as possible outwardly. The anterior chamber of the cornea was normal, and the pupil was quite free and readily contracted on exposure to light.

On the 30th of June I divided, says M. Cunier, the internal rectus muscle; and immediately the pupil occupied the centre of the orbit, and the squint vanished. The eye being, however, not sufficiently drawn outwardly to enable the patient to see objects conveniently, I denuded the sclerotic as far as the attachments of the superior and inferior recti, but without causing the slightest degree of squinting outwards. Founding my practice on the experiments made by myself and Mr. Duffin, I divided the inferior oblique muscle; this was no sooner done, than at once the eye was drawn outwards and somewhat upwards. The ecchymosed blood in the cutaneous wound was rapidly absorbed; but the healing of the conjunctival wound was rather tedious, in consequence of the very considerable retraction of the muco-serous membrane induced by the displacement of the eye-ball. Immediately after the operation, the patient was able to guide himself through my garden; and six days afterwards he came alone to my house.

He now sees so well that he can distinguish the smallest objects, when they are brought near his eye. What is remarkable is, that the pupil has become displaced in such a manner that it is now immediately opposite to the transparent portion of the cornea.

CASE 2.—A middle-aged man, who had been blind for 12 years, was my second patient. The left eye was completely wasted; and only a part of the outer half of the right one remained transparent. By compressing the left eye, and turning the right one forcibly inwards, he could perceive the form of large objects. I divided the external rectus muscle, and denuded the sclerotic as far as the insertion of the superior and inferior recti; the eye was immediately drawn inwards so as to cause a squint in that direction, and I was gratified to find that the patient was able to see much more distinctly. Eight days afterwards, he could spread out in the market-place his wicker-baskets, which he made to earn a subsistence.

In the third case, in which the operation for forming an artificial pupil had previously been attempted, but without success, M. Cunier divided the external rectus; and, although the case was certainly a very unfavourable one, considerable improvement of the vision was effected.—*Gazette Medicale*.

REMARKS.—This application of ocular myotomy is certainly one of the most ingenious and scientific that has been proposed. The operation for making an artificial pupil being always hazardous, and seldom successful, surgeons will gladly avail themselves of the practice suggested by their Belgian confrere.—*Medico-Chirurg. Rev.*, Jan. 1842, p. 211.

NECROLOGY.

We regret to announce the death of Professor DAVIS, of University College, London, well known as the author of some valuable works on Obstetrics:—and also that of Dr. BIRKBECK, to whom the merit is due of having originated the Mechanics' Institution, in Great Britain and elsewhere.

Dr. Birkbeck was highly estimated as a physician and a philanthropist; but has not left behind him any important contributions to medical science.